

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JB		02-16-0
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	HB	5C-916	04-12-01
RESPONSE FORMALITY REVIEW	M.D	625	11-21-01
	HC	712	12-31-01
	8m	781	01-11-02

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions, staple additional sheet here

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